

2004 MICHIGAN Schedule of Taxes and Allocation to Each Agreement

Issued under authority of P.A. 281 of 1967.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

Attach to Form MI-1040. Read the instructions before completing this form.

Attachment Sequence No. 04

1. Filer's First Name	M.I.	Last Name	2. Filer's Social Security Number (Example: 123-45-6789)
			— —
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Social Security Number (Example: 123-45-6789)
			— —

INSTRUCTIONS: Complete columns A through F. If you have more than one agreement, complete columns G and H.

▶ A Agreement Number			▶ B 2004 Total Taxable Value	▶ C 2003 or 2004 Paid Tax Receipts Attached	D	▶ E See Instructions		F Total Tax for Each Agreement	G Divide Each Amount in Col. F by Total on Line 3, Col. F	H Allocated Tax Credit Multiply Line 13 or 18 by Percent Computed in Column G
County Code (2 digits)	Contract Number	Expiration Date (Enter as MM-DD-YY)			Type of Own- ership	Percent of Income or Ownership				
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
		— —		YES NO <input type="checkbox"/> <input type="checkbox"/>			%		%	
<input type="checkbox"/> Check here if additional page(s) used. Enter total from additional page(s), if applicable.									%	
3. Enter total of columns F through H (total of column G must equal 100%). Carry total from Column F to your MI-1040CR-5, line 4.									%	